

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032765

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

383

Primary Registration District No.

5655

Registrar's No.

309

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		c. CITY OR TOWN Mt. Vernon	
Length of stay in 1b 2 yrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bliss Haven Nursing Home		d. STREET ADDRESS (If outside, give location) 520 Kirby	
3. NAME OF DECEASED (Type or print) First Leslie Robert Middle Benson Last Benson		4. DATE OF DEATH Month Sept. Day 7 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/10/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) business man		10b. KIND OF BUSINESS OR INDUSTRY Lumber Co.	
11a. FATHER'S NAME Ulysses S. Benson		11b. MOTHER'S MAIDEN NAME Kathryn Link	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Bessie Benson, Mt. Vernon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coe Pulmonary DUE TO (b) mutual stenosis DUE TO (c) 5 mos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) C.V. R. 6 yrs ago PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		12. CITIZEN OF WHAT COUNTRY USA	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. CITY, TOWN, OR LOCATION Mt. Vernon, Mo.	
20c. TIME OF INJURY Hour 7:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Sept 9 1963	
21. I attended the deceased from 4/25/55 to Sept 9 1963 and last saw him alive on Sept 6 1963 Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) H. E. George D.O.	
22b. ADDRESS Mt. Vernon, Mo.		22c. DATE SIGNED 9-9-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/10/63	23c. NAME OF CEMETERY OR CREMATORY Lyons, Kansas Cemetery	23d. LOCATION (City, town, or county) (State) Lyons, Kansas
24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 9-9-63	
26. REGISTRAR'S SIGNATURE Roy Guntham			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4252

P. O. Address McKennon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.